

**NASA 2005 Separation Incentive (Buyout) Agreement, September 2005
(Category 2)**

I wish to apply for a voluntary separation incentive payment (buyout). My application is made with the following understanding:

- My decision to leave NASA and Federal employment is voluntary.
 - I understand that my eligibility to receive a buyout is contingent upon the placement of another employee at my Center, in conjunction with the Agency's workforce transformation activities. If approved, NASA will inform me of the retirement eligibility date.
 - I will not be eligible for reemployment (paid or unpaid) with the Federal Government for 5 years from the date of my separation unless a waiver is approved by OPM, and I repay the gross amount of the buyout.
 - I will not be eligible to enter into a "personal services" contract with the Federal Government for 5 years from the date of my separation unless a waiver is approved by OPM, and I repay the gross amount of the buyout (I understand that a personal services contract is with me, as an individual, contracting directly with the Federal Government to provide a service).
 - To receive a separation incentive (buyout), my separation date will be no later than October 3, 2005.
 - If I subsequently apply and am approved for disability retirement, or the alternative form of annuity (AFA) based on a life-threatening condition, I will be required to repay the entire amount of the buyout. (I understand this will only occur if the disabling or life-threatening condition is present at the time I receive the buyout).
 - I understand that to continue health benefits coverage into retirement, I must have been enrolled continuously in the Federal Employees Health Benefit (FEHB) program for an OPM specified period of time, normally 5 years. I am responsible for insuring I meet eligibility requirements.
 - I understand that since my separation is voluntary, I may not be eligible under my States' laws for unemployment compensation.
 - I understand that my organization and other Center organizations that have a responsibility for employee clearance activities will be made aware of my intent to separate.

My preferred (retirement) (resignation) date is: _____ . My separation is voluntary and dependant upon a replacement employee being identified, and I must submit a signed retirement application. I agree to separate from the Federal service on the date indicated on this application (or a date mutually agreed upon with the Agency) in return for payment of a voluntary separation incentive (buyout). I understand that my separation is voluntary and generally can be withdrawn by at any time prior to separation. I further understand that the Agency may choose not to honor my request to withdraw my retirement/resignation and require me to separate with a buyout on the agreed upon date, if harm or disruption would occur as a result of my retention in the Federal service. In such an event, the Agency would provide me with the reason to deny my request.

Employee's Signature Date

Replacement identified: _____

Date Name Center
I understand that a replacement employee has been identified for my position. As a result, I will voluntarily (retire) (resign) effective: _____ I understand this commitment is irrevocable.

Employees Signature: _____ Date: _____

Center Approval: _____ Date: _____